

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/03/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2011
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NAME OF PROVIDER OR SUPPLIER

QUALITY CARE HEALTH CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

932 BADDOUR PARKWAY
LEBANON, TN 37087

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS During complaint investigation numbers 27129, and 27083, conducted on May 31, 2011, thru June 2, 2011, at Quality Care Health Center, no deficiencies were cited under 42 CFR PART 483.13, Requirements for Long Term Care.	F 000		
F 167 SS=E	483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility. The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to make the most recent survey results easily accessible to the residents. The findings included: Observation on June 2, 2011, at 10:40 a.m., in the hall near the entrance to the ICF (Intermediate Care Facility) wing revealed a sign posted stating the most recent survey information	F 167	F 167 1. The facility will make the most recent survey results available. New posting changing the location for the posting of the survey results. The survey results will be posted at the three main entrances: Quality lobby, Cedars lobby, and Skilled entrance. Survey will be put in a three ring binder then attached by wire cable to a pocket on the wall at these entrances with pocket marked: SURVEY REPORT. 2. There were no patients affected by this. 3. All employees will be in-serviced on the new locations of the survey report which make the report more accessible. The survey report will be posted at the three main entrances: Quality lobby, Cedars lobby, and skilled entrance. The administrator will be responsible for posting the most recent survey results. 4. It will be the responsibility of the Administrator and Director of Nursing to check and ensure survey report is accessible weekly for 12 weeks, then monthly x 6 months to ensure survey reports are always accessible.	6/22/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER QUALITY CARE HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 932 BADDOUR PARKWAY LEBANON, TN 37087		
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F 167	Continued From page 1 could be "found at each nursing station as well as in a pocket on the wall outside the door of the Staff Development office." Observation on June 2, 2011, at 10:42 a.m., at the ICF (Intermediate Care Facility) nursing station revealed the survey information was not visible and could not be found by three staff. A phone call was made by Registered Nurse (RN #1) to ask where the survey results were posted, and continued to look for the survey information at the ICF nursing station. A Certified Nursing Technician (who worked in the Social Services Office) and Staff Development coordinator also looked for the most recent survey results. After making a phone call and searching by three staff, the survey information was located inside the nursing station, inside a note book, chained with cable wire to the desk and not available to the residents. Observation on June 2, 2011, at 11:20 a.m., of the wall outside the Staff Development office revealed the survey information was also not available in the pocket in that location. Interview with Registered Nurse (RN #1) on June 2, 2011, at 11:25 a.m., at the ICF nursing station, confirmed the most recent survey results were not available to the residents without asking.	F 167			
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality.	F 281			

JUN 15 2011

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F 281	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and staff interview, the facility failed to monitor the heart rate as ordered by the physician for one resident (#3) of thirty residents reviewed.</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on April 6, 2007, with diagnoses including Cerebrovascular Accident and Hypertension.</p> <p>Medical record review of the physician Recapitulation Order dated May 2011, and signed by the physician May 1, 2011, revealed "...Metoprolol Tartrate (blood pressure medication) 25 mg (milligrams) by mouth twice a day...HR (heart rate) daily...hold for HR < (less than) 50..."</p> <p>Medical record review of the facility document entitled Vital Sign Record dated May 2011, revealed no HR documentation for nineteen of thirty-one opportunities.</p> <p>Interview with Licensed Practical Nurse #2 on June 1, 2011, at 8:50 a.m., at the S1/S2 nursing station, confirmed the Vital Sign Record was used to document the vital signs, including the HR. Further interview confirmed the May 2011 Vital Sign Record lacked nineteen of thirty-one HR values. Further interview confirmed the facility had not followed the physician order to obtain daily HR values.</p>	F 281	<p>F281</p> <ol style="list-style-type: none"> 1. Resident # 3 was assessed by the NP on 6/1/11. Heart rate was assessed and documented. 2. All residents on medications with physicians order requiring Heart Rate Assessment were checked to ensure their HR had been assessed and documented. 3. All licensed nurses will be in-serviced on assessment and documentation of HR for residents who have a physicians order to assess and document their HR. In-service will be done by staff development and the clinical services director. 4. The unit supervisors will check monthly to ensure all residents with an order for HR assessment has been obtained and documented. 		6/22/11

JUN 15 2011